TRANSMITT FORM (to be used for all correspondence) Total Number of Pages in This Sub	AL after initial filing)	Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	10/696,982 October 30 Martin B. D	, 2003 Dierl et al.	avs a valid OMB control number.
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declarat Extension of Time Reque Express Abandonment Re Information Disclosure State Certified Copy of Priority Document(s) Response to Missing Part Incomplete Application Response to Miss under 37 CFR 1.5	on(s) st equest atement Rema Subm Inform	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) arks hission of Power of Attorned mation Disclosure Statem	dress	to Group Appeal Cor of Appeals Appeal Cor (Appeal Not Proprietary Status Lette Other Encle Identify belo	osure(s) (please ow):
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